

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545282

1. Entity Name

STUART GOTTLIEB, M.D., CHARTERED

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90105 033 ***150.00

Principal Place of Business

495 BILTMORE WAY
CORAL GABLES FL 33134
US

Mailing Address

~~495 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~
~~US~~

William J. Spratt, Jr.

004110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2000

City & State

City & State

Miami, FL

4. FEI Number

59-1771206

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GOTTLIEB, STUART~~
~~495 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

Name
William J. Spratt, Jr.

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

2000

City
Miami

FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	GOTTLIEB, STUART	
STREET ADDRESS	495 BILTMORE WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOTTLIEB, STUART	
STREET ADDRESS	495 BILTMORE WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gottlieb, Stuart	
STREET ADDRESS	495 Biltmore Way	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D/PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor Soto, M.D.	
STREET ADDRESS	495 Biltmore Way	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)